

32692

Customer Number

Patent
Case No.: 58769US004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: KOBAYASHI, MITSUAKI

Application No.: 10/549838

Confirmation No.: 3727

Filed: June 9, 2004

Title: THERMALLY ACTIVATABLE REMOVABLE ADHESIVE TAPES

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.
- ☒ transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

February 6, 2008

Date

Signed by: Jessica L. Nolan

Jessica L. Nolan

Dear Sir:

This is in response to the outstanding Office Action, dated 12/07/2007, in the above-identified application.

Amendments to the Claims begin on page 4 of this paper.

Remarks begin on page 10 of this paper.

Fees

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For		(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	22	Minus	**	20	2	x \$50.00	\$100.00
Independent Claims	5	Minus	***	3	2	x \$210.00	\$420.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$370.00	
Total Additional Fee For This Amendment							\$520.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							